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ABSTRACT

Spanish Americans admitted to State and county mental hospitals in the U.S. during 1972 were examined. Purpose was to show if and how they differed from admissions of other ethnic groups in terms of their demographic composition (age, sex, and marital status), their socioeconomic level as measured by educational attainment, their diagnostic composition, their legal status upon admission, and whether or not they had received psychiatric care prior to admission. Data were derived from a sample survey of admissions to the inpatient services of State and county mental hospitals conducted in October 1972 with the cooperation of State mental health authorities. Sample data were inflated to represent a full year's admissions with the year interval roughly equivalent to 1972. Some findings were: about 12,300 Spanish Americans were admitted to State and county mental hospitals in the U.S., representing 3% of all admissions to such facilities; the age-adjusted rate of admissions for Spanish Americans was 155 per 100,000 population as compared to 181 per 100,000 for other whites and 334 per 100,000 for nonwhites; the age-adjusted rate for Spanish American males (212 per 100,000) was more than twice that for Spanish American females (103 per 100,000); and age-specific admission rates for persons 14-24 years were actually higher among Spanish Americans than among other whites. (NQ)

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Statistical
Note 116

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

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NATIONAL INSTITUTE OF MENTAL HEALTH

Division of Biometry
Survey and Reports Branch

Utilization of State and County Mental Hospitals
by Spanish Americans in 1972

This Note focuses on one segment of the population admitted to State and county mental hospitals in the United States during 1972. It examines Spanish American admissions with the purpose of showing if and how they differed from admissions of other ethnic groups in terms of their demographic composition (age, sex and marital status), their socioeconomic level as measured by educational attainment, their diagnostic composition, their legal status upon admission, and whether or not they had received psychiatric care prior to admission. Some of the findings reported here have been presented in previous Statistical Notes 2/. However, the present Note summarizes in one report the available data for Spanish American admissions in 1972.

The data reported in this Note have been derived from a sample survey of admissions to the inpatient services of State and county mental hospitals conducted in October 1972 with the cooperation of State mental health authorities. The sample data have been inflated to represent a full year's admissions with the year interval roughly equivalent to 1972. Because the data have been derived from a sample survey, they are subject to sampling error. At the conclusion of the text in this Note is a methodological addendum which discusses precautions to be observed in interpreting the data contained herein as a result of sampling error and other sources of statistical bias.

Summary

(1) During 1972, about 12,300 Spanish Americans were admitted to State and county mental hospitals in the United States. They represented 3 percent of all admissions to such facilities. The age-adjusted rate of admissions for Spanish Americans was 155 per 100,000 population, and this was lower than the rate for other whites (181 per 100,000 population) and substantially lower than the rate for nonwhites (334 per 100,000 population). The age-adjusted rate for Spanish American males (212 per 100,000 population) was more than twice that for Spanish American females (103 per 100,000 population).

(2) Despite the lower overall utilization experience among Spanish Americans when compared with other ethnic groups, age-specific admission rates for persons 14 to 24 years were actually higher among Spanish Americans than among other whites. When compared with other whites and with nonwhites, Spanish American admissions to State and county mental hospitals were relatively youthful. About 3 in 5 Spanish American admis-

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sions were under 35 years of age, as compared with slightly more than 40 percent of other white and slightly less than half of nonwhite admissions. Spanish American male admissions were especially young, with more than one-third under the age of 25.

(3) The age-specific admission rate for Spanish Americans aged 65 and older was 278 per 100,000 population. Only in this age group did the rate for Spanish Americans exceed both the rates for other whites and nonwhites (127 and 259 per 100,000 population, respectively). In most other age groups, rates for nonwhites were the highest.

(4) Among Spanish Americans, admission rates were lowest for married persons (111 per 100,000 population), somewhat higher for widowed persons (168 per 100,000 population), and substantially higher for never married persons (316 per 100,000 population) and especially for separated and divorced persons (527 per 100,000 population). The admission rate for separated and divorced Spanish Americans was nearly 5 times as great as that for married persons. The highest marital status-sex-specific admission rate for Spanish Americans -- 1,056 per 100,000 population -- was found among separated or divorced males, although this rate was appreciably lower than corresponding rates for whites and nonwhites.

(5) Spanish American admissions to State and county mental hospitals on the whole exhibited lower levels of educational attainment than did admissions from other ethnic groups. Median years of school completed were 8.9, 10.4 and 9.7 years for Spanish Americans, other whites and nonwhites, respectively. About one-third of Spanish American admissions had less than a grade school education, as contrasted with 16 percent of other whites and 27 percent of nonwhites. In general, admission rates for all three ethnic groups became lower as educational attainment increased, although the difference in rates between the most and least educated Spanish Americans was not statistically significant. However, among Spanish Americans, the rate was higher for admissions who had been to college than it was for high school graduates, who had the lowest admission rate.

(6) Similar to other whites, nearly three in ten Spanish Americans admitted to State and county mental hospitals were given a primary diagnosis of schizophrenia. This percentage was lower than that for nonwhites, among whom nearly four in ten were schizophrenic. The highest age-adjusted diagnosis-specific admission rate for each ethnic group was found for schizophrenia, but differences in magnitude were considerable -- 41 per 100,000 for Spanish Americans, as compared with 49 for other whites and 126 for nonwhites. Alcohol disorders, which occurred as the primary diagnosis among nonwhite admissions at a rate of 77 per 100,000 population, occurred less frequently among other whites and Spanish Americans, with respective rates of 49 and 22 per 100,000 population. On the other hand, the rate for drug disorders was higher for Spanish Americans -- 22 per 100,000 population -- than for other whites and nonwhites, who had respective rates of 8 and 19.

(7) For Spanish Americans, as for nonwhites, most admissions (47 percent of all admissions) were involuntary civil commitments. Involuntary commitments represented, by contrast, the second-ranking admission status for other whites (40%), among whom over half of all admissions were voluntary. Voluntary admissions accounted for only 43 and 35 percent of Spanish American and nonwhite admissions, respectively.

(8) Among Spanish American admissions to State and county mental hospitals, 64 percent were known to have received previous psychiatric care in either inpatient or noninpatient facilities. By contrast, 33 percent were known to have received no previous psychiatric care. Of Spanish Americans who reported previous psychiatric care, two-thirds had received such care in inpatient facilities, primarily in State and county mental hospitals; and 12 percent had received care in noninpatient facilities.

Background ^{3/}

The United States Census of 1970 contained, for the first time, separate data for persons of Spanish origin. According to the Census, persons of Spanish origin (subsequently referred to in this report as Spanish Americans) constitute the second largest minority group in the United States. In 1970, they numbered 9.1 million people, of whom 2.4 million were in poverty.

Although the data in this Note are presented in aggregate form for all Spanish Americans, it should be pointed out that this is not a homogenous population group. Spanish Americans differ not only according to national background, but also according to such other factors as length of residence in the United States, place of residence and, in general, cultural diversity. In some instances, cultural differences within the general classification "Spanish American" may be greater than cultural differences between some Spanish American subgroups and their non-Spanish neighbors. However, it is necessary for statistical purposes to combine these diverse elements of the Spanish American population into a single numerical entity because of their relatively small numbers. (The statistical tables contained in this Note provide a number of instances in which even this aggregation yields too few cases to provide reliable statistical estimates.)

The Spanish American population of the United States as of 1970 may be broken down according to national origin as follows:

	Population in 1,000's
All Spanish American.....	9,073.6
Mexican American.....	4,532.4
Puerto Rican.....	1,429.4
Cuban.....	545.6
Central and South American	1,508.9
Other Spanish.....	1,057.3

These subgroups of Spanish Americans are largely concentrated in specific residential locations within the United States. Thus, 87 percent of Mexican Americans in 1970 lived in the 5 southwestern States of California, Texas, Arizona, New Mexico and Colorado. By contrast, more than three-quarters of the Puerto Ricans lived in the tri-State area of New York, New Jersey and Connecticut. Cuban Americans resided primarily in Florida. The subgroups may be seen to vary markedly in such other characteristics as place of birth, place of parents' birth, duration of residence in the United States, metropolitan vs. nonmetropolitan residence, sex and age distribution and other characteristics like family composition, educational attainment, employment status, and income and poverty level.^{4/}

Problems in the Cross-Cultural Identification of Mental Disorder 5/

A recent widely-cited article by Rosenhan opens with the question, "If sanity and insanity exist, how shall we know them?"^{6/} The process of labelling individuals as mentally ill has sociological elements which make it very difficult, if not sometimes impossible, to isolate the idiosyncratic elements in an individual's psychopathology. Thus, the current literature contains many writings which suggest that the perception of psychopathology is often as much a sociological process as it is a question of "uncontaminated" diagnosis.^{7/} Zusman addresses this question:

It is important to recognize...that standards of deviance and acceptability are relative. No single bit of behavior (or symptom) can be considered to be inherently deviant or inherently mentally ill. The crucial factor is the social context in which the behavior occurs. The same behavior may, depending upon the situation, be considered socially acceptable, mentally ill, or criminal...^{8/}

Because identification of the mentally ill may often be so largely a matter of sociological definition, subject to cultural determinants, the problems inherent in the process may be exacerbated when more than one culture is involved. Spanish Americans are members of culturally distinctive subgroups, with their own cultural norms, their own definitions of normal behavior and deviance from such behavior, and their own procedures for identifying mental illness. Admission of these persons to mental hospitals, against the backdrop of the greater American society, inevitably reflects the superimposition of whatever majority social norms are utilized in the perception of mental disorder upon the social norms of nonmajority individuals.

It is important to understand that the data contained in this Note concern individuals who, in some instances, actually operate within a separate cultural framework from that experienced by the majority American society.^{9/} In some instances, Spanish Americans may be described as culturally "marginal".^{10/} In any case, it is likely that the admission to mental hospitals of Spanish Americans -- as well as of members of other population subgroups which are culturally distinctive -- sometimes results in anomalous situations where the issue of whether the patient is "really" mentally ill may be open to question.^{11/}

Findings

During 1972, about 12,300 Spanish Americans were admitted to State and county mental hospitals (Table 1). These admissions represented three percent of total admissions to such facilities. When compared with other whites and with nonwhites, Spanish Americans had relatively low utilization experience of State and county mental hospitals. Thus, as illustrated in Table A, when adjusted to the age distribution of the total United States population in 1972, respective admission rates for Spanish Americans, other whites and nonwhites, were 155, 181 and 334 per 100,000 population, respectively. 12/ The age-adjusted admission rate for Spanish American males, 212 per 100,000 population, was more than twice that for Spanish American females, who had an admission rate of 103 per 100,000 population. These sex-specific age-adjusted rates were lower than those for other whites and markedly lower than those for nonwhites. Thus, respective admission rates for other white and nonwhite males were 226 and 471 per 100,000 population; and respective admission rates for other white and nonwhite females were 138 and 220 per 100,000 population.

Table A. Age-adjusted admission rates per 100,000 population to State and county mental hospitals by ethnicity and sex, United States 1972

Ethnicity	Both Sexes	Male	Female
Total.....	197.2	252.6	145.3
White.....	179.4	225.4	136.1
Spanish American	155.3	212.0	102.9
Other White.....	180.8	225.8	138.2
Nonwhite.....	333.9	471.1	220.4

Age and Sex

Although there was an overall lower utilization of State and county mental hospitals by Spanish Americans when compared with other white and with nonwhite Americans, in some individual age groups in 1972 rates for Spanish Americans actually exceeded those for whites. Thus, according to Table 1, of every 100,000 teen-aged Spanish Americans (14 to 17 years), 158 were admitted to State and county mental hospitals; the corresponding rate for other whites was 89. Once again, in the age group 18 to 24, the rate of admissions for Spanish Americans was 276; that for other whites was 215. Finally, among older persons aged 65 and over, the admission rate for Spanish Americans was 278 per 100,000 population, as compared with 127 for other whites. Only in this last age group did the admission rate for Spanish Americans exceed that for nonwhites (259 per 100,000 population). In nearly every other age group, the nonwhite admission rate exceeded rates for both Spanish Americans and other whites. The single exception to this pattern was found among admissions under 14 years of age, where the rate for other whites was higher than corresponding rates for Spanish Americans and nonwhites.

Table 1 also shows that Spanish American admissions to State and county mental hospitals in 1972 were relatively young. About 3 in 5 Spanish

American admissions were under 35 years of age, as contrasted with slightly more than 40 percent of other white and slightly less than half of nonwhite admissions. Youthful admissions were especially concentrated among Spanish American males, of whom more than one-third were under the age of 25. The relative youthfulness of Spanish American admissions is also reflected in the number of teen-aged admissions. One in every 10 Spanish American admissions was between the ages of 14 and 17, as compared with only four percent of other white and seven percent of nonwhite admissions.

Among Spanish American admissions to State and county mental hospitals in 1972, there were also disparities between the sexes. An excess in utilization by Spanish American males, when contrasted with females, is reflected in the age-specific admission rates for all age groups (Table 1). The disproportionate representation of males among Spanish American admissions is also strikingly illustrated in Table 2, which presents sex ratios, by ethnicity, for all 1972 admissions to State and county mental hospitals. For every 100 female admissions among Spanish Americans, there were 222 male admissions. Among nonwhites, there were 189 male admissions for every 100 female admissions; and among other whites the ratio was as low as 152. The numerical excess of Spanish American males was found in all age groups. In fact, in some of the age groups (under 14, 14 to 17, 35 to 44 and 65 and over), the total number of female Spanish American admissions was so small that sampling techniques disclosed too few cases even to yield reliable estimates of the universe. The greater number of male over female admissions is also illustrated in the ratios of male to female admission rates shown in Table 2.

Marital Status

Spanish Americans, other whites and nonwhites exhibited similar patterns in admission to State and county mental hospitals in 1972 according to marital status (Tables 3a, 3b, 3c). Thus, the lowest admission rate for each ethnic group occurred among married persons, with somewhat higher rates for widowed persons, and substantially higher rates for never married and especially for separated and divorced persons. There were, however, marked variations in the relative magnitude of these differences according to marital status within the separate ethnic groups. Thus, for example, Table 3b shows that for other whites, the rate of admissions for separated/divorced persons (1,413 per 100,000 population), was over 11 times as great as that for married persons (125 per 100,000 population). By contrast, among Spanish Americans and nonwhites, differences between these two marital status categories were not nearly so marked. Among Spanish Americans, the rate for separated/divorced admissions (527 per 100,000 population) was 4.7 times that for married admissions (111 per 100,000 population). And among nonwhites, the rate for separated/divorced admissions was 4.2 times that for married admissions (976 and 231 per 100,000 population, respectively).

Generally speaking, as shown in Table 3b, the lowest-risk marital status categories exhibited the smallest inter-ethnic differences, while the highest-risk marital status grouping exhibited the most pronounced inter-ethnic differences. Thus, 111 of every 100,000 married Spanish Americans were admitted to State and county mental hospitals in 1972, as compared with 125 per 100,000 other whites and 231 per 100,000 nonwhites. But differences in rates for never married admissions were more pronounced according to ethnicity: respective rates for Spanish Americans, other whites and nonwhites were 316, 341 and 619 per 100,000 population. And differences among separated/divorced admissions were even more dramatic: 527 of every

100,000 separated/divorced Spanish Americans were admitted to State and county mental hospitals in 1972, as compared with respective rates of 976 and 1,414 per 100,000 for nonwhite and other white admissions.

Although less than half as high as the corresponding rates for either other whites or nonwhites, the highest admission rate by sex and marital status for Spanish Americans was found among separated/divorced males -- 1,056 per 100,000 population. This rate was more than 3 times as great as that for Spanish American married males. At the same time, a relatively low rate of admissions -- only 322 per 100,000 population -- was found among Spanish American separated/divorced females. Thus, among separated or divorced Spanish Americans, the rate of admissions for males was more than 3 times that for females. Differences between the sexes were similarly marked in other ethnic groups. Among separated/divorced other whites, the rate for males (2,302 per 100,000 population) was 2.7 times that for females (849 per 100,000 population). Sex differences were most strikingly pronounced for separated/divorced nonwhites: the admission rate for males was fully 5.7 times that for females: 2,294 of every 100,000 separated/divorced males but only 401 of every 100,000 separated/divorced females were admitted.

Differences between the sexes within the other marital status categories were less dramatic. Among Spanish Americans, the rates for males exceeded those for females in all marital status categories (Table 3b). In fact, Spanish American married females had a strikingly low admission rate of 74 per 100,000 population. (There were not enough sample cases of widowed Spanish Americans of either sex to yield reliable estimates of the universe.) Among other whites, male rates also exceeded female rates within each marital status category. Among nonwhites, male rates exceeded female rates in all but the widowed category.

The excess of male over female rates in all ethnic groups and virtually all marital status categories reported here runs contrary to some recent reports. Geerken and Gove have written that: "A consistent finding in Western societies is that married women have higher rates of mental illness than married men. In contrast, when we compare never married men and women, divorced men and women, and widowed men and women, in each case it is the men who have the higher rates."^{13/} Cannon and Redick have reported in a summary review of recent utilization data that adult admissions to all kinds of inpatient and outpatient facilities show generally that female admissions exceed male admissions in the married and widowed categories, whereas male admissions exceed those for females in the never married category. In the separated/divorced category, male admissions exceed female admissions at inpatient facilities, but the reverse is true at outpatient facilities.^{14/} However, the sex-marital status-specific rates reported here are generally in agreement with those reported by Taube^{15/} for State and county mental hospital admissions in 1969.^{16/}

Level of Education 17/

Both in terms of median years of school completed and highest level of education, Spanish Americans exhibited lower levels of attainment than either their other white or nonwhite counterparts. According to Table B, Spanish American admissions had a median of 8.9 years of school completed, in contrast to 10.4 years for other whites and 9.7 years for nonwhites.

Table B. Median years of school completed, admissions (14 years and older) to State and county mental hospitals by ethnicity, United States 1972

Ethnicity	Median Years of School Completed
Total.....	10.2
White.....	10.4
Spanish American	8.9
Other white.....	10.4
Nonwhite.....	9.7

Table 4 shows highest number of years of school completed for each ethnic group. About one-third of Spanish American admissions had had less than a grade school education, as contrasted with 16 percent of other whites and 27 percent of nonwhites. At the other end of the scale, only 14 percent of Spanish American admissions had received at least a high school education, as strikingly contrasted with 42 percent of other whites and 29 percent of nonwhites.

Table 4 also presents rates of admission to State and county mental hospitals according to ethnicity and educational attainment. Of every 100,000 Spanish Americans with less than a grade school education, 213 were admitted to State and county mental hospitals. This rate may be contrasted with a rate of 431 for other whites and 533 for nonwhites. Among persons whose highest level of educational attainment was completion of high school, the rate of admissions was strikingly low for Spanish Americans. Thus, of every 100,000 Spanish Americans who had completed high school, only 57 were admitted to State and county mental hospitals in 1972, in marked contrast to rates of 203 for other whites and 411 for nonwhites. Rates for Spanish Americans were lower than corresponding rates for nonwhites at each level of educational attainment, and in some instances the differences were quite dramatic. On the other hand, differences in rates between Spanish Americans and other whites did not consistently favor either group.

For all ethnic groups, rates of admission showed an inverse relationship to level of educational attainment. However, two observations regarding this association may be made with respect to Spanish Americans. First, the range of rates by level of educational attainment was smaller for Spanish Americans than for the other two groups. In other words, increased education was not so highly correlated with decreased admission rate for Spanish Americans as it was for other whites and for nonwhites. Among other whites and nonwhites, rates of admission for persons with less than a grade school education were, respectively 3.4 and 2.7 times as great as those for persons who had attended college. By contrast, the difference in rates for lowest and highest educational attainment among Spanish Americans was relatively

small and was not statistically significant. Second, only among Spanish American admissions did the rate for those who had attended college exceed that for those who had completed high school. In fact, the rate for Spanish American admissions who had attended college was actually nearly three times that for those who had completed high school.

Primary Diagnosis ^{18/}

Nearly 3 in 10 Spanish Americans admitted to State and county mental hospitals in 1972 were given a primary diagnosis of schizophrenia (Table 5). While this percentage was nearly identical to that for other whites, it was substantially lower than that for nonwhites, among whom nearly 4 in 10 were schizophrenic.

Although alcohol disorders accounted for the second highest number of admissions among both other whites and nonwhites -- in the former group the percentage was almost the same as that for schizophrenics -- alcohol disorders accounted for only 15 percent of Spanish American admissions. On the other hand, drug disorders, which accounted for 4 percent and 6 percent of other white and nonwhite admissions, respectively, occurred as the primary diagnosis for 17 percent of Spanish American admissions, among whom it was the second-ranking primary diagnosis.

These variations in diagnosis according to ethnicity are also reflected in the diagnosis-specific age-adjusted admission rates presented in Table C. The highest single rate within each ethnic group was found for schizophrenia, but differences in magnitude between ethnic groups were considerable -- 41 per 100,000 for Spanish Americans, as compared with 49 for other whites and 126 for nonwhites. (Among other whites, rates for schizophrenia and alcohol disorders were almost identical.) Alcohol disorders, which occurred as the primary diagnosis among nonwhite admissions at a rate of 77 per 100,000 population, occurred relatively less frequently among other whites and Spanish Americans with respective rates of 49 and 22 per 100,000 population. On the other hand, the rate for drug disorders was higher for Spanish Americans -- 22 per 100,000 population -- than for other whites and nonwhites, who had respective rates of 8 and 19.

Legal Status ^{19/}

Table 6 shows variations in the legal status of admissions to State and county mental hospitals in 1972 according to ethnicity. For Spanish Americans, as for nonwhites, most admissions (47%) were involuntary civil commitments. Involuntary commitments represented, by contrast, the second-ranking admission status for other whites (40%), among whom over half of all admissions (52%) were voluntary. Voluntary admissions accounted for only 43 percent and 35 percent of Spanish American and nonwhite admissions, respectively.

Previous Psychiatric Care

Table 7 shows that 64 percent of Spanish American admissions to State and county mental hospitals in 1972 were known to have received previous psychiatric care in either inpatient or noninpatient facilities. An additional 33 percent were known to have received no psychiatric care prior to admission. This latter percentage was identical to that for nonwhite admissions

and somewhat higher than that for other white admissions (27%). Those admissions for whom the level of previous psychiatric care was unknown was relatively low (3%) for Spanish Americans, as compared with 8 percent and 10 percent for other whites and nonwhites, respectively.

Table C. Comparison of selected age-adjusted and unadjusted primary diagnosis-specific admission rates per 100,000 population: admissions to State and county mental hospitals by ethnicity, United States 1972

Primary Diagnosis and Ethnicity	Rate	
	Age-adjusted	Unadjusted
All Disorders		
Nonwhite.....	333.9	306.3
Spanish American	155.3	133.7
Other White.....	180.8	184.3
Alcohol Disorders		
Nonwhite.....	77.2	69.6
Spanish American	22.4	20.6
Other White.....	48.9	50.3
Drug Disorders		
Nonwhite.....	19.4	19.3
Spanish American	22.1	22.9
Other White.....	7.5	7.8
Schizophrenia		
Nonwhite.....	126.2	118.6
Spanish American	41.1	38.4
Other White.....	49.1	51.0

Among Spanish American admissions who reported previous psychiatric care, two-thirds had received such care in inpatient facilities, primarily in State and county mental hospitals. Among other white admissions, over 70 percent had received previous care in inpatient facilities, as had 59 percent of nonwhite admissions. Percentages of admissions reporting prior care in noninpatient facilities were 12 percent, 11 percent and 9 percent for Spanish Americans, other whites and nonwhites, respectively.

Discussion^{20/}

The data presented in this Note fail to show higher utilization of State and county mental hospitals by Spanish Americans, when compared with other ethnic groups, despite (1) the poverty status of the aggregate of Spanish Americans^{21/} and (2) the well-known and widely documented inverse relationship between socioeconomic status and mental disorder.^{22/} Thus, although the literature might lead one to anticipate high utilization experience among Spanish Americans, the reality is quite to the contrary. How may such an inconsistency be explained? Several possible explanations for this state of affairs may be suggested. These suggestions are presented here in the most tentative way and should be regarded primarily as points of departure for other investigations.

It is possible that, for reasons not clearly understood, there is something in Spanish American culture that makes individuals less prone to the development of mental illness. This explanation would, however, be in contradiction to the results of widespread international and intercultural studies regarding the relationship between mental illness and poverty. It would probably be more reasonable to offer an alternative explanation in terms of the factors which affect the utilization of mental health facilities by persons who are mentally ill. In this connection, it is most important to point out that the selection of persons served by specific mental health facilities results from the interaction of many complex forces, among which are: the attractiveness of a particular facility and the appropriateness of the specific services offered there; the existence and accessibility of alternative mental health facilities to serve the same population; the ability of patients to pay for private psychiatric care; community and individual definitions of departures from "normal" mental health and degrees of tolerance of such departures; attitudes toward all medical treatment and specifically toward mental health care; and, finally, of course, the actual prevalence of mental illness within the population. All these factors intermingle and interact, so that any consideration of the correlates of State hospital utilization must take into account their complex interplay.^{23/}

In the case of Spanish Americans, it is possible that, in the presence of extreme poverty conditions, hospitalization may be regarded, ironically, as a luxury to be avoided unless absolutely essential.

It is also possible that ignorance, fear, pride and/or other culturally derived attitudes and "sets" militate against the utilization of State and county mental hospitals. Jaco reported in 1959, for example, that despite their relative poverty status, Mexican Americans in Texas were more likely than Anglos and nonwhites to seek private psychiatric care.^{24/} Possibly, also, conditions of the Spanish American culture are such that the well are better equipped for, or more disposed toward, caring for the ill than is the case in the rest of American society.^{25/} The prevalence of folk practitioners such as witch doctors may also inhibit utilization of State and county mental hospitals.^{26/}

It is perhaps well at this point to interject some words of caution in connection with the interpretation of utilization rates. In discussions of differential utilization of mental health facilities, statements are sometimes made that suggest "underutilization" by certain population subgroups -- e.g., the poor, the aged, the less educated, etc. These population subgroups are said to be "underserved" by mental health facilities or "underrepresented" in mental health facility populations, when compared with their proportionate representations in the population of the United States. In fact, relatively low or high utilization of some mental health services by specific population subgroups does not by itself necessarily imply that these groups are either "underserved" or "overutilizing." Different population subgroups have differential needs for mental health care. Some subgroups -- for example, the aged -- have historically been relatively low users of mental health services, even though their need may be considerable. The "underutilization" by some persons must also be understood, at least in part, in terms of resistances to mental health care and not only in terms of need and accessibility of services. The converse should also be considered. That certain population subgroups are proportionately more highly represented in mental health facility populations or admissions than in the United States population need not necessarily imply "overutilization" but rather a greater need for services and, perhaps in some cases, less resistance to mental health care.

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There are still other factors which may affect utilization patterns and hence may have an effect on the data presented here. It has been suggested, for example, that utilization of mental health facilities by a minority group may be related to that group's proportionate representation in the base population. Thus, a brief note on utilization of a community mental health center by Spanish Americans in Denver reports that the highest utilization rates occur in neighborhoods where Spanish Americans constitute the greatest minority -- i.e., there is an inverse relationship between utilization and ethnicity as a percentage of total population.²⁷ Much of the specificity in patterns of utilization of State and county mental hospitals by Spanish Americans is doubtless lost in the present report as the result of the necessity for aggregating data. As pointed out in an earlier section of the present Note, the grouping together of all Spanish Americans into a single population entity actually masks diversity--a diversity which probably extends to the differential operation of factors affecting utilization.

One of the most striking findings discussed in this Note is the consistency with which males outnumbered females among Spanish American admissions. This excess of males over females is not a function of a greater number of males in the base population. For one thing, the excess obtains even when sex-specific rates are examined; for another, the overall Spanish American base population actually contains more females than males, although there is an exception to this pattern among persons of Mexican origin. As in the case of the generally low utilization experience among Spanish Americans, several possible explanations for the excess of male over female utilization may be suggested; and although the data contained in this Note cannot by themselves lend greater support to any one of these hypotheses, they are worth mentioning as potential areas for future investigation.

One possible explanation is that Spanish American males have, for reasons not known, greater genetic predisposition toward mental illness than do Spanish American females. A first step in testing such a hypothesis would have to be the execution of prevalence studies among the general population of Spanish Americans. Other, and probably more fruitful, hypotheses would take into account some of the sociological elements which may be involved in the admission of Spanish Americans to mental hospitals. First, it is possible that males are more often perceived by responsible agents in the admission procedure as suffering mental illness and/or requiring psychiatric care. Another way of saying this is that in view of those who admit patients to these facilities, Spanish American males may more often exhibit deviant behavior than do their female counterparts. It may thus be a matter of differential perception of mental illness according to ethnicity and sex. Second, it is possible that the sociological elements of marginality more profoundly affect Spanish American males than they do females and thus expose the males to greater risks of incurring mental illness as the result of their relative inability to adjust to the dominant culture or alternatively to retain their Spanish identity. Much has been written of machismo in Spanish culture.²⁸ This phenomenon, in the very intensity with which it assigns dominance to males and subservience to females, runs contrary to dominant cultural expectations; and the resultant cultural conflict may possibly be psychologically beneficial to females but not to males and may, thus, potentially expose males more often than females to the risk of hospitalization for mental illness.

The foregoing discussion has been included in this Note in order to place some focus on the complexities of data interpretation in the present instance. In a real sense, this discussion only exposes a small portion of

the iceberg. The questions raised here are speculative in nature and are meant more to stimulate further investigation than to explain the data in a definitive manner. Other facets of the data contained in this Note -- such as the relative youthfulness of Spanish American admissions to State and county mental hospitals -- are also complex matters deserving of further study.

Methodological Addendum: Validity and Interpretation of Data

Certain precautions should be taken in interpreting the data presented in this Note and in generalizing from them:

(1) Because the admissions data were derived from a sample of admissions rather than from a complete census, they are subject to sampling error. Preliminary estimates of the standard errors of numbers, percents and rates shown in this Note are given in Tables 8 and 9.

(2) Independent of sampling error, data concerning Spanish Americans are potentially subject to bias as the result of such varied factors as difficulties in identifying who is Spanish American, faulty reporting, inadequate classification schemes and the like. There is considerable evidence that the Spanish American population was seriously undercounted in the 1970 Census. Although this situation may have been somewhat improved for the 1972 population²⁹ -- which is used as the basis for rate computation in this Note -- such underenumeration has doubtless led to distortions in the size of the base populations (denominators) utilized here. In addition, it is further probable that similar errors have occurred in the classification of patients as being of Spanish origin, and, hence, the numerators are probably also lacking in validity.³⁰ It is not possible to obtain a precise estimate of the degree of these biases, but it should be pointed out that numerators and denominators are potentially subject to different degrees and directions of error, and that the validity of the rates will be affected not only by the absolute amount of bias but also by the discrepancies in numerator and denominator bias.

(3) Because of the small number of sample cases of Spanish American admissions to State and county mental hospitals, it has been possible to compute age-adjusted rates only for relatively few breakdowns of total admissions. In short, the sampling error is potentially of sufficient magnitude that statistics would not in any way be improved by the adjustment process and might, in fact, compound the bias. A comparison of age-adjusted and unadjusted rates for certain diagnosis-specific categories, shown in Statistical Note 111 and summarized in Table C here, indicates that, except among nonwhites, the process of adjusting for age changes the magnitude of rates relatively minimally and that the diagnosis-specific sex-adjusted rates follow in the same general relationship one to another as do the diagnosis-specific unadjusted rates. However, caution should be exercised in the interpretation of the unadjusted rates, especially when comparisons are made with rates for nonwhites.

Footnotes

- 1/ For purposes of this Note, all Spanish Americans are regarded as a component of white admissions. In the United States general population of 1970, 93.3 percent of persons of Spanish origin were classified as white. Under the heading of Spanish Americans are all persons who reported Spanish origin or descent, including Mexican, Puerto Rican, Cuban, Central or South American and other Spanish. Excluded from this analysis are admissions to facilities within the Commonwealth of Puerto Rico.
- 2/ National Institute of Mental Health Division of Biometry, Survey and Reports Branch, Statistical Notes Series:

 - 104 Meyer, N.G. Admission rates by highest level of education attained, State and county mental hospitals 1972. (April 1974)
 - 105 Meyer, N.G. Legal status of inpatient admissions to State and county mental hospitals, United States 1972. (May 1974)
 - 111 Meyer, N.G. Age, sex and color variations in the diagnostic distribution of admissions to inpatient services of State and county mental hospitals, United States 1972. (December 1974)
- 3/ Much of the background material presented in this portion of the Note has been summarized in and is adapted from a special study conducted by Urban Associates, Inc. under contract with the U.S. Department of Health, Education and Welfare. See: Urban Associates, Inc. A Study of Selected Socio-Economic Characteristics of Ethnic Minorities Based on the 1970 Census. Vol. I: Americans of Spanish Origin. Washington: U.S. Dept. of Health, Education and Welfare, Office of the Secretary, July 1974. Also see: Padilla, A.M. and Ruiz, R.A. Latino Mental Health: A Review of Literature. Rockville, Md.: National Institute of Mental Health, 1973.
- 4/ Urban Associates, op.cit.
- 5/ Chapter 3 in Padilla and Ruiz, op. cit., is strongly recommended as background reading for the understanding of some of the cultural differences between Spanish Americans and other Americans. A sensitive autobiographical account is provided in: Rodríguez, R. Going home again: the new American scholarship boy. American Scholar 44, Winter 1974-75, 15-28. Also see: Counseling, Puerto Rican style. Human Behavior 4, May 1975, 47.
- 6/ Rosenhan, D.L. On being sane in insane places. Science 179, January 19, 1973, 250-258.
- 7/ Examples of numerous such references include: Rosenhan, op. cit.; Scheff, T.J. The labelling theory of mental illness. American Sociological Review 39, 1974, 444-452; Wolf, I. et al. Social factors in the diagnosis of alcoholism: II Attitudes of physicians. Quarterly Journal of Studies on Alcohol 26, 1965, 72-79; Zusman, J. Sociology and mental illness: some neglected implications for treatment. Archives of General Psychiatry 15, December 1966, 635-648.

- 8/ Zusman, op. cit.
- 9/ See, for example, Padilla and Ruiz, op. cit., Ch. 3. Also see: Serrano, A.C. and Gibson, G. Mental health services to the Mexican-American community in San Antonio, Texas. *American Journal of Public Health* 63, December 1973, 1055-1057.
- 10/ Hoult defines "marginality" as "the state of being highly involved in two or more culturally distinct societies or groups" and a "marginal man" as "an individual who, having internalized many of the values of two or more somewhat conflicting sociocultural systems, typically experiences uncomfortable feelings -- and often manifests behaviors that make him somewhat anathema -- in all of the systems." See: Hoult, T.F. *Dictionary of Modern Sociology*. Totowa, N.J.: Littlefield, Adams and Co., 1969, p.192.
- 11/ See, for example: Phillipus, M.J. Successful and unsuccessful approaches to mental health services for an urban Hispano American population. *American Journal of Public Health* 61, April 1971, 820-830. Also see: Martinez, C. Community mental health and the Chicano movement. *American Journal of Orthopsychiatry* 43, July 1973, 595-601; Edgerton, R.B. and Karno, M. Mexican-American bilingualism and the perception of mental illness. *Archives of General Psychiatry* 24, March 1971, 286-290; Leon, C.A. "El Duende" and other incubi. *Archives of General Psychiatry* 32, February 1975, 155-162.
- 12/ Data on characteristics of the United States population used in the calculation of rates presented in this Note were obtained from: U.S. Dept. of Commerce, Bureau of the Census. *Current Population Reports*, Series P-20, Nos. 242 and 250. These sources estimate population as of March 1972.
- 13/ Geerken, M. and Gove, W.R. Race, sex and marital status: their effect on mortality. *Social Problems* 21, April 1974, 567-580.
- 14/ Cannon, M.S. and Redick, R.W. Differential utilization of psychiatric facilities by men and women, United States 1970. NIMH Division of Biometry Statistical Note 81. Rockville, Md.: National Institute of Mental Health, June 1973.
- 15/ Taube, C.A. Admission rates by age, sex and marital status: State and county mental hospitals 1969. NIMH Division of Biometry Statistical Note 32. Rockville, Md.: National Institute of Mental Health, December 1970.
- 16/ For an analysis of some of the recent literature dealing with sex differences in mental health according to marital status, see: Bachrach, L.L. *Marital Status and Mental Disorder: An Analytical Review*. NIMH Division of Biometry, Series D, No. 3 (in preparation).

17/ Definitions of highest level of education attained used in this Note are:

0-7, grade school -- Includes admissions who reported no education and those who reported having attended special education classes, as well as those who attended (but did not complete) grade school

Completed grade school -- Includes admissions who completed eight years of grade school

Some high school -- Includes admissions who attended high school for one, two or three years

Completed high school -- Includes admissions who completed four years of high school

College -- Includes admissions who attended or completed college or graduate school

18/ The diagnostic categories used in this Note were derived from: American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (2nd edition -- DSM II). Washington, D.C.: American Psychiatric Association 1968. Categories and APA codes are as follows:

<u>Diagnostic Category</u>	<u>APA Codes Included</u>
Mental retardation.....	310-315
Alcohol disorders.....	291,303,309.13
Drug disorders.....	294.3,304,309.14
Organic brain syndromes (excluding alcohol and drug).....	290,292,293,294(except 294.3) 309 (except 309.13,309.14)
Affective and depressive disorders (in- cluding psychotic depressive disorders and depressive neuroses).....	296,298.0,300.4
Schizophrenia.....	295
Psychotic disorders-NEC (not elsewhere classified).....	297,298.1-299
Neurotic disorders-NEC (not elsewhere classified).....	300.0-300.3,300.5-300.9
Personality disorders.....	301
TSD and behavior disorders of childhood and adolescence (transient situational disturbance and behavior disorders)...	307,308
All other.....	All other codes

19/ Legal status categories as defined in this Note are:

Voluntary admissions -- Includes both formal and informal voluntary admissions. The patient generally retains all his rights unless deprived of them by a separate incompetency proceeding.

Nonprotesting admissions -- Includes cases in which a friend or relative applies for admission on behalf of a patient. Generally, some form of physician referral accompanies the patient, and a statement, indicating that the prospective patient does not object to being admitted, is usually presented. As with voluntary admissions, the nonprotesting patient generally retains all his rights unless deprived of them in a separate incompetency proceeding.

Involuntary civil commitments -- Includes emergency and judicial commitments, civil commitments of alcoholics, drug addicts, sexual psychopaths, defective delinquents, juveniles and the mentally retarded, as well as persons who are "not guilty by reason of insanity."

Transfers from prison -- Includes transfers to mental hospitals of persons who became mentally ill while in prison.

Incompetent to stand trial -- Includes commitment for examination to determine the patient's competency as well as those committed for treatment until they become mentally competent.

- 20/ Padilla and Ruiz, op. cit., Ch. 2 is recommended as background reading for the understanding of Spanish American cultural factors affecting utilization of mental health services.
- 21/ Urban Associates, op. cit., pp. 83ff.
- 22/ Citations examining these relationships are numerous. An excellent analytical discussion of the subject is provided in: Dohrenwend, B.P. Social status and psychological disorder: an issue of substance and an issue of method. American Sociological Review 31, February 1966, 14-34.
- 23/ A general discussion of the influence of cultural factors upon utilization of health services may be found in: Berkanovic, E. and Reeder, L.G. Can money buy the appropriate use of services? Some notes on the meaning of utilization data. Journal of Health and Social Behavior 15, June 1974, 93-99. Another discussion relating some of these factors specifically to Mexican American utilization of State hospitals in Colorado may be found in: Wignall, C.M. and Koppin, L.L. Mexican-American usage of State mental hospital facilities. Community Mental Health Journal 3, Summer 1967, 137-148.

- 24/ Jaco, E.G., Mental health of the Spanish-American in Texas. Ch. 21 in Opler, M.K. (ed.). Culture and Mental Health. Cross Cultural Studies. New York: Macmillan Co., 1959.
- 25/ See, for example: Fields, S. Pride beyond the barrios: I. Santa Fe Chicanos take care of their own. Innovations 2, Winter 1975, 3-8.
- 26/ Jaco, op. cit. Also see Padilla and Ruiz, op. cit., pp. 13-18; Casper, E.G. and Philipppus, M.J. Fifteen cases of embrujada: combining medication and suggestion in treatment. Hospital and Community Psychiatry 26, May 1975, 271, 274.
- 27/ Denberg, R. Mental health care utilization patterns. Impact I, September 1973. (Published by the Mental Health Systems Evaluation Project of the University of Denver and the Community Mental Health Center of Denver General Hospital, Denver, Colorado).
- 28/ See, for example, Padilla and Ruiz, op.cit., pp.45-51. Also see: Padilla, A.M. and Ruiz, R.A. Personality assessment and test interpretation of Mexican Americans: a critique. Journal of Personality Assessment 39, April 1975, 103-109.
- 29/ Urban Associates, op.cit.
- 30/ Shlifer, E.S. and Barrios, A. Undercounting of Spanish-American clients in our reporting system. exChange 2, November/December 1974, 10-12. (Published by the California Department of Health)

Table 1. Admissions to State and county mental hospitals by sex, age and ethnicity, United States 1972:
Number, rate per 100,000 population, and percent distribution

Sex and age	Number of admissions					Rates per 100,000 population ^{3/}				
	Total	White Total	White Spanish American	Other white	Nonwhite	Total	White Total	White Spanish American	Other white	Nonwhite
Total both sexes	403,924	326,112	12,269	313,843	77,812	197.2	181.7	133.7	184.3	306.3
Less than 14.	6,234	5,667	190	5,477	567	11.8	12.7	5.6	13.3	6.9
14-17.....	18,443	12,901	1,269	11,632	5,542	113.5	92.7	158.4	88.7	236.9
18-24.....	61,712	46,859	2,953	43,906	14,853	250.3	218.4	275.5	215.4	464.2
25-34.....	90,161	73,347	3,058	70,289	16,814	340.0	313.0	235.2	317.6	545.4
35-44.....	83,477	64,497	2,368	62,129	18,980	369.4	323.3	218.9	329.3	716.2
45-64.....	115,992	99,437	1,535	97,902	16,555	275.0	261.2	129.2	265.4	402.2
65 and over..	27,905	23,404	896	22,508	4,501	140.7	129.4	278.3	126.7	258.7
Total males....	248,794	197,873	8,454	189,419	50,921	250.4	226.5	186.2	228.7	424.1
Less than 14.	5,207	4,846	115	4,731	361	19.4	21.3	6.4	22.6	8.7
14-17.....	11,027	7,008	907	6,101	4,019	133.8	99.0	216.0	91.6	345.3
18-24.....	42,248	31,460	2,098	29,362	10,788	355.7	302.5	442.6	295.8	731.4
25-34.....	57,918	47,087	2,239	44,848	10,831	444.5	404.3	359.4	406.9	782.6
35-44.....	53,591	38,473	1,867	36,606	15,118	487.8	392.0	346.4	394.7	1288.8
45-64.....	65,319	57,415	934	56,481	7,904	325.6	316.1	167.4	320.9	416.2
65 and over..	13,484	11,584	*	11,290	1,900	163.0	154.2	*	153.1	249.7
Total females..	155,130	128,239	3,815	124,424	26,891	147.1	139.3	82.3	142.3	200.8
Less than 14.	1,027	821	*	746	206	4.0	3.8	*	3.7	5.0
14-17.....	7,416	5,893	*	5,531	1,523	92.6	86.2	*	85.7	129.6
18-24.....	19,464	15,399	855	14,544	4,065	152.4	139.4	143.0	139.2	235.7
25-34.....	32,243	26,260	819	25,441	5,983	239.1	222.8	121.2	229.0	352.1
35-44.....	29,886	26,024	*	25,523	3,862	257.3	256.7	*	266.1	261.5
45-64.....	50,673	42,022	601	41,421	8,651	229.0	211.1	95.4	214.9	390.2
65 and over..	14,421	11,820	*	746	206	124.8	111.8	*	108.0	265.7

Table 1. Admissions to State and county mental hospitals by sex, age and ethnicity, United States 1972:
Number, rate per 100,000 population, and percent distribution (Continued)

Sex and age	Ethnicity									
	Total	White			Nonwhite	Total	White			Nonwhite
		Total	Spanish American	Other white			Total	Spanish American	Other white	
Percent distribution by age ‡	Percent distribution by color ‡									
Total Both Sexes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.7	3.0	77.7	19.3
Less than 14.	1.5	1.7	1.5	1.7	0.7	100.0%	90.9	3.0	87.9	9.1
14-17.....	4.6	4.0	10.3	3.7	7.1	100.0%	70.0	6.9	63.1	30.0
18-24.....	15.3	14.4	24.1	14.0	19.1	100.0%	75.9	4.8	71.1	24.1
25-34.....	22.3	22.5	24.9	22.4	21.6	100.0%	81.4	3.4	78.0	18.6
35-44.....	20.7	19.8	19.3	19.8	24.4	100.0%	77.3	2.8	74.4	22.7
45-64.....	28.7	30.5	12.5	31.2	21.3	100.0%	85.7	1.3	84.4	14.3
65 & over....	6.9	7.2	7.3	7.2	5.8	100.0%	83.9	3.2	80.7	16.1
Total males....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	79.5	3.4	76.1	20.5
Less than 14.	2.1	2.4	1.4	2.5	0.7	100.0%	93.1	2.2	90.9	6.9
14-17.....	4.4	3.5	10.7	3.2	7.9	100.0%	63.6	8.2	55.3	36.4
18-24.....	17.0	15.9	24.8	15.5	21.2	100.0%	74.5	5.0	69.5	25.5
25-34.....	23.3	23.8	26.5	23.7	21.3	100.0%	81.3	3.9	77.4	18.7
35-44.....	21.5	19.4	22.1	19.3	29.7	100.0%	71.8	3.5	68.3	28.2
45-64.....	26.3	29.0	11.0	29.8	15.5	100.0%	87.9	1.4	86.5	12.1
65 & over....	5.4	5.9	*	6.0	3.7	100.0%	85.9	*	83.7	14.1
Total females	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	82.7	2.5	80.2	17.3
Less than 14.	0.7	0.6	*	0.6	0.8	100.0%	79.9	*	72.5	20.1
14-17.....	4.8	4.6	*	4.4	5.7	100.0%	79.5	*	74.6	20.5
18-24.....	12.5	12.0	22.4	11.7	15.1	100.0%	79.1	4.4	74.7	20.9
25-34.....	20.8	20.5	21.5	20.4	22.2	100.0%	81.4	2.5	78.9	18.6
35-44.....	19.3	20.3	*	20.5	14.4	100.0%	87.1	*	85.4	12.9
45-64.....	32.7	32.8	15.8	33.3	32.2	100.0%	82.9	1.2	81.7	17.1
65 & over....	9.3	9.2	*	9.0	9.7	100.0%	82.0	*	77.8	18.0

† Where percents do not add up to totals shown discrepancies are due to rounding

* Estimates are below acceptable limits of reliability (five or fewer sample cases)

Table 2. Sex ratios by age and ethnicity: admissions and admission rates to State and county mental hospitals, United States, 1972

Age	Number of male per 100 female admissions					Ratio of male to female admission rates				
	Total	White			Nonwhite	Total	White			Nonwhite
		Total	Spanish American	Other white			Total	Spanish American	Other white	
Total.....	160	154	222	152	189	1.70	1.63	2.26	1.61	2.11
Under 14.....	507	590	*	634	175	4.85	5.61	*	6.11	1.74
14-17.....	149	119	*	110	264	1.44	1.15	*	1.07	2.66
18-24.....	217	204	245	202	265	2.33	2.17	3.10	2.13	3.10
25-34.....	180	179	273	176	181	1.86	1.81	3.00	1.78	2.22
35-44.....	179	148	*	143	391	1.90	1.53	*	1.48	4.93
45-64.....	129	137	155	136	91	1.42	1.50	1.75	1.49	1.07
65 and over...	94	98	*	101	73	1.31	1.38	*	1.42	0.94

* Estimates are below acceptable limits of reliability (five or fewer sample cases)

Table 3a. Admissions (14 years and older) to State and county mental hospitals by marital status, ethnicity and sex, United States 1972: Number

Marital status	Total 14 and over	White			Nonwhite
		Total 14 and over	Spanish American	Other white	
Both sexes					
Total.....	397,690	320,445	12,079	308,366	77,245
Married.....	125,612	107,338	3,735	103,603	18,274
Never married.....	146,334	111,270	5,270	106,000	35,064
Widowed.....	25,357	20,914	394	20,520	4,443
Separated/divorced....	100,387	80,923	2,680	78,243	19,464
Male					
Total.....	243,587	193,027	8,339	184,688	50,560
Married.....	71,635	60,004	2,493	57,511	11,631
Never married.....	100,800	76,563	3,996	72,567	24,237
Widowed.....	6,240	5,447	*	5,097	793
Separated/divorced....	64,912	51,013	1,500	49,513	13,899
Female					
Total.....	154,103	127,418	3,740	123,678	26,685
Married.....	53,977	47,334	1,242	46,092	6,643
Never married.....	45,534	34,707	1,274	33,433	10,827
Widowed.....	19,117	15,467	*	15,423	3,650
Separated/divorced....	35,475	29,910	1,180	28,730	5,565

* Estimates are below acceptable limits of reliability (five or fewer sample cases)

Table 3b. Admissions (14 years and older) to State and county mental hospitals by marital status, ethnicity and sex, United States 1972: Rate per 100,000 population

Marital status	Total 14 and over	White			Nonwhite
		Total 14 and over	Spanish American	Other white	
			Both sexes		
Total.....	261.6	237.5	209.5	238.8	451.0
Married.....	133.4	124.5	111.4	125.0	230.6
Never married.....	381.0	339.8	315.9	341.1	618.7
Widowed.....	221.7	211.4	168.4	212.5	287.8
Separated/divorced....	1248.9	1339.1	526.5	1413.9	976.1
			Male		
Total.....	336.1	298.8	303.1	298.6	643.5
Married.....	152.5	139.4	148.2	139.1	295.1
Never married.....	485.6	430.8	449.0	429.8	811.7
Widowed.....	340.2	360.3	*	345.6	246.3
Separated/divorced....	2238.3	2224.7	1056.3	2301.9	2293.6
			Female		
Total.....	193.8	181.3	124.1	183.8	287.8
Married.....	114.4	109.6	74.3	111.0	166.8
Never married.....	258.0	231.9	163.8	235.6	403.8
Widowed.....	199.1	184.6	*	188.5	298.7
Separated/divorced....	690.4	797.6	321.5	849.2	400.9

* Estimates are below acceptable limits of reliability (five or fewer sample cases)

Table 3c. Admissions (14 years and older) to State and county mental hospitals by marital status, ethnicity and sex, United States 1972: Percent distribution*

Marital Status	Percent Distribution by Marital Status					Percent Distribution by Ethnicity				
	Total 14 & Older	Total	White Spanish American	Other	Nonwhite	Total 14 & Older	Total	White Spanish American	Other	Nonwhite
Both Sexes										
Total.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.6	3.0	77.5	19.4
Married.....	31.6	33.5	30.9	33.6	23.7	100.0%	85.5	3.0	82.5	14.5
Never married.....	36.8	34.7	43.6	34.4	45.4	100.0%	76.0	3.6	72.4	24.0
Widowed.....	6.4	6.5	3.3	6.7	5.8	100.0%	82.5	1.6	80.9	17.5
Separated/divorced	25.2	25.3	22.2	25.4	25.2	100.0%	80.6	2.7	77.9	19.4
Male										
Total.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	79.2	3.4	75.8	20.8
Married.....	29.4	31.1	29.9	31.1	23.0	100.0%	83.8	3.5	80.3	16.2
Never married.....	41.4	39.7	47.9	39.3	47.9	100.0%	76.0	4.0	72.0	24.0
Widowed.....	2.6	2.8	*	2.8	1.6	100.0%	87.3	*	81.7	12.7
Separated/divorced	26.6	26.4	18.0	26.8	27.5	100.0%	78.6	2.3	76.3	21.4
Female										
Total.....	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	82.7	2.4	80.3	17.3
Married.....	35.0	37.1	33.2	37.3	24.9	100.0%	87.7	2.3	85.4	12.3
Never married.....	29.5	27.2	34.1	27.0	40.6	100.0%	76.2	2.8	73.4	23.8
Widowed.....	12.4	12.1	*	12.5	13.7	100.0%	80.9	*	80.7	19.1
Separated/divorced	23.0	23.5	31.6	23.2	20.9	100.0%	84.3	3.3	81.0	15.7

* Where percents do not add up to totals shown, discrepancies are due to rounding

* Estimates are below acceptable limits of reliability (five or fewer sample cases)

Table 4. Admissions (14 years and older) to State and county mental hospitals by highest level of education attained and ethnicity, United States 1972: Number, rate per 100,000 population, and percent distribution

Highest level of Education attained	Total	White			Nonwhite
		Total	Spanish American	Other White	
			Number		
Total.....	397,690	320,445	12,079	308,366	77,245
0-7 years, grade school.	74,988	53,877	3,894	49,983	21,111
Completed grade school..	51,362	43,312	2,291	41,021	8,050
Some high school.....	118,336	92,322	4,191	88,131	26,014
Completed high school...	109,443	91,725	717	91,008	17,718
College.....	43,561	39,209	986	38,223	4,352
			Rate per 100,000 population		
Total.....	261.6	237.5	209.5	238.8	451.0
0-7 years, grade school.	431.3	401.3	212.8	431.0	532.8
Completed grade school..	282.0	265.0	324.0	262.3	431.9
Some high school.....	361.4	330.3	305.5	331.6	542.9
Completed high school...	216.6	198.5	56.9	202.5	410.9
College.....	131.3	126.6	165.4	125.9	197.8
			Percent distribution* by highest level of education attained		
Total.....	100.0%	100.0%	100.0%	100.0%	100.0%
0-7 years, grade school.	18.9	16.8	32.2	16.2	27.3
Completed grade school..	12.9	13.5	19.0	13.3	10.4
Some high school.....	29.8	28.8	34.7	28.6	33.7
Completed high school...	27.5	28.6	5.9	29.5	22.9
College.....	11.0	12.2	8.2	12.4	5.6

* Where percents do not add up to totals shown, discrepancies are due to rounding

Table 5. Admissions to State and county mental hospitals by primary diagnosis and ethnicity, United States 1972: Number, rate per 100,000 population and percent distribution

Primary diagnosis	Total	Ethnicity			
		Total	White		Nonwhite
			Spanish American	Other white	
			Number		
Total.....	403,924	326,112	12,269	313,843	77,812
Mental retardation.....	15,526	10,737	727	10,010	4,789
Alcohol disorders.....	105,176	87,499	1,891	85,608	17,677
Drug disorders.....	20,298	15,396	2,098	13,298	4,902
Organic brain syndromes....	28,323	22,701	1,040	21,661	5,622
Affective & depressive dis..	46,275	43,183	1,595	41,588	3,092
Schizophrenia.....	120,569	90,440	3,525	86,915	30,129
Psychotic disorders (NEC)..	2,245	901	*	879	1,344
Neurotic disorders (NEC)...	5,415	4,122	*	4,048	1,293
Personality disorders.....	29,942	24,004	568	23,436	5,938
Transient situational disorders & behavior disorders of childhood & adolescence.....	16,511	15,464	*	15,288	1,047
All other.....	13,644	11,665	553	11,112	1,979
Rate per 100,000 Population					
Total.....	197.2	181.7	133.7	184.3	306.3
Mental retardation.....	7.6	6.0	7.9	5.9	18.9
Alcohol disorders.....	51.3	48.8	20.6	50.3	69.6
Drug disorders.....	9.9	8.6	22.9	7.8	19.3
Organic brain syndromes....	13.8	12.7	11.3	12.7	22.1
Affective & depressive dis..	22.6	24.1	17.4	24.4	12.2
Schizophrenia.....	58.9	50.4	38.4	51.0	118.6
Psychotic disorders (NEC)..	1.1	0.5	*	0.5	5.3
Neurotic disorders (NEC)...	2.6	2.3	*	2.4	5.1
Personality disorders.....	14.6	13.4	6.2	13.8	23.4
Transient situational disorders & behavior disorders of childhood & adolescence.....	8.1	8.6	*	9.0	4.1
All other.....	6.7	6.5	6.0	6.5	7.8
Percent distribution *					
Total.....	100.0%	100.0%	100.0%	100.0%	100.0%
Mental retardation.....	3.8	3.3	5.9	3.2	6.2
Alcohol disorders.....	26.0	26.8	15.4	27.3	22.7
Drug disorders.....	5.0	4.7	17.1	4.2	6.3
Organic brain syndromes....	7.0	7.0	8.5	6.9	7.2
Affective & depressive dis..	11.5	13.2	13.0	13.2	4.0
Schizophrenia.....	29.9	27.7	28.7	27.7	38.7
Psychotic disorders (NEC)..	0.6	0.3	*	0.3	1.7
Neurotic disorders (NEC)...	1.3	1.3	*	1.3	1.7
Personality disorders.....	7.4	7.4	4.6	7.5	7.6
Transient situational disorders & behavior disorders of childhood & adolescence.....	4.1	4.7	*	4.9	1.4
All other.....	3.4	3.6	4.5	3.5	2.5

* Where percents do not add up to totals shown, discrepancies are due to rounding.

* Estimates are below acceptable limits of reliability (five or fewer sample cases)

Table 6. Legal status of admissions to State and county mental hospitals by ethnicity, United States 1972: Percent distribution by legal status *

Legal Status	Ethnicity				
	Total	White			Non-white
		Total White	Spanish American	Other White	
Total.....	100.0%	100.0%	100.0%	100.0%	100.0%
Voluntary.....	48.6	51.8	42.7	52.1	35.4
Nonprotesting.....	5.7	5.0	4.5	5.0	8.6
Involuntary.....	41.8	40.5	47.4	40.2	47.4
Prison transfers....	1.5	1.5	*	1.4	1.2
Incompetent to stand trial.....	2.3	1.2	3.1	1.1	6.9

* Where percents do not add up to totals shown, discrepancies are due to rounding.

* Estimate is below acceptable limits of reliability (five or fewer sample cases).

Table 7. Previous psychiatric care of admissions to State and county mental hospitals by ethnicity, United States 1972: Percent distribution by locale of previous psychiatric care*

Locale of Previous Psychiatric Care	Ethnicity				
	Total	White			Nonwhite
		Total White	Spanish American	Other White	
Total.....	100.0%	100.0%	100.0%	100.0%	100.0%
Inpatient					
State & county men. hospitals	49.2	50.5	50.6	50.5	44.0
Other psychiatric hospitals..	10.3	11.1	5.7	11.3	6.8
General hosp. psych. services	9.4	9.6	10.5	9.6	8.5
Noninpatient					
Day care, outpt, priv. psych.	10.9	11.4	11.5	11.4	9.2
Inpatient care only.....	52.8	54.0	52.8	54.1	47.4
Noninpatient care only.....	3.9	4.3	2.9	4.3	2.3
Inpatient & noninpatient care..	7.1	7.1	8.6	7.0	6.9
No previous care.....	28.1	26.9	32.9	26.7	33.2
Previous care unknown.....	8.2	7.7	2.7	7.9	10.2

* Where percents do not add up to totals shown, discrepancies are due to rounding

Table 8

Standard error (expressed in percentage points) of a percent

Size of denominator	Estimated percent									
	5	10	15	20	25	30	35	40	45	50
	or 95	or 90	or 85	or 80	or 75	or 70	or 65	or 60	or 55	
1,000	1.73	2.39	2.84	3.18	3.44	3.64	3.79	3.90	3.96	3.98
2,500	1.10	1.51	1.80	2.01	2.18	2.31	2.40	2.46	2.50	2.52
5,000	.78	1.07	1.27	1.42	1.54	1.63	1.70	1.74	1.77	1.78
10,000	.55	.75	.90	1.01	1.09	1.15	1.20	1.23	1.25	1.26
25,000	.35	.48	.57	.64	.69	.73	.76	.78	.79	.80
50,000	.25	.34	.40	.45	.49	.52	.54	.55	.56	.56
100,000	.17	.24	.28	.32	.34	.36	.38	.39	.40	.40
250,000	.11	.15	.18	.20	.22	.23	.24	.25	.25	.25
400,000	.09	.12	.14	.16	.17	.18	.19	.19	.20	.20

Table 9

Relative standard error of estimated rates or numbers

Size of estimate (or numerator of rate)	Relative standard error
500	11.9
1,000	8.8
5,000	5.2
10,000	4.5
25,000	4.1
50,000	3.9
100,000	3.9
250,000	3.8